

of the number of each, in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Pima  
District of \_\_\_\_\_  
Town of Miami  
or  
City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 172  
County Registrar No. 319  
Local Registrar No. \_\_\_\_\_

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Reciado If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? \_\_\_\_\_ 7. Date of birth July 22 1928  
Month day year

8. FATHER Full name Maurice Reiciado 14. MOTHER Full maiden name Angelina Madrid

9. Residence (Usual place of abode) Miami 15. Residence (Usual place of abode) Miami Ariz  
If nonresident, give place and state

10. Color or race Mexican 11. Age at last birthday 28 (Years) 16. Color or race Mexican 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Cataguna (State or country) Arizona

13. Occupation Miner 19. Occupation Housewife  
Nature of industry

20. Number of children of this mother (a) Born alive and now living 6 (b) Born alive but now dead 1 (c) Stillborn 1  
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was \_\_\_\_\_ (Born alive or stillborn) at \_\_\_\_\_ m. on the date above stated.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from a supplemental report \_\_\_\_\_  
Signature Alfred Brayton (Physician or midwife)  
Address Miami Ariz

Filed \_\_\_\_\_ 19 \_\_\_\_\_  
Month, day, year. Filed July 25 28 19 \_\_\_\_\_  
Registrar. \_\_\_\_\_ Local Registrar. \_\_\_\_\_  
County Registrar. \_\_\_\_\_

076-722-143